

01/04/02

JC784 U.S. PTO

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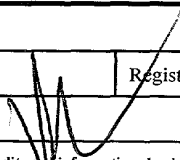
UTILITY PATENT APPLICATION TRANSMITTAL (Only for new nonprovisional applications under 37 CFR 1.53(b))		Attorney Docket No.	ATI-3 2.034/4175						
		First Inventor	Johnny JENG						
		Title	TOOTHBRUSH WITH OPPOSITELY RECIPROCATING BRUSH HEADS						
		Express Mail Label No	EL 781 391060 US						
APPLICATION ELEMENTS See MPEP chapter 600 concerning utility patent application contents		ADDRESS TO: Assistant Commissioner for Patents Box Patent Application Fee P.O. Box 2327 Arlington, VA 22202							
1. <input checked="" type="checkbox"/> Fee Transmittal Form (e.g., PTO/SB/17) (Submit an original and duplicate for fee processing) 2. <input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27. 3. <input checked="" type="checkbox"/> Specification (Total Pages [9]) (Preferred arrangement set forth below) -Descriptive title of the invention -Cross Reference to Related Applications -Statement Regarding Fed Sponsored R & D -Reference to sequence listing, a table, or a computer program listing appendix -Background of the Invention -Brief Description of the Drawings (if filed) -Detailed Description -Claim(s) -Abstract of the Disclosure 4. <input checked="" type="checkbox"/> Drawing(s) (35 U.S.C. 113) (Total Sheets [2])					7. <input type="checkbox"/> CD-ROM or CD-R in duplicate, large table or Computer Program (Appendix) 8. Nucleotide and/or Amino Acid Sequence Submission (if applicable, all necessary) a. <input type="checkbox"/> Computer Readable Form (CFR) b. Specification Sequence Listing on i. <input type="checkbox"/> CD-ROM or CD-R (2 copies); or ii. <input type="checkbox"/> Paper c. <input type="checkbox"/> Statements verifying identity of above copies ACCOMPANYING APPLICATION PARTS 9. <input type="checkbox"/> Assignment Papers (cover sheet & document(s))				
5. Oath or Declaration (Total Pages [1]) a. <input checked="" type="checkbox"/> Newly executed (original or copy)-(unexecuted) b. <input type="checkbox"/> Copy from a prior application (37 CFR 1.63(d)) (for continuation divisional with Box 18 completed) i. <input type="checkbox"/> DELETION OF INVENTOR(S) Signed statement attached deleting inventor(s) named in the prior application, see 37 CFR 1.63(d)(2) and 1.33(b).					10. <input type="checkbox"/> 37 CFR 3.73(b) Statement (When there is an assignment) <input type="checkbox"/> Power of Attorney 11. <input type="checkbox"/> English Translation Document (if applicable) 12. <input checked="" type="checkbox"/> Information Disclosure Statement (IDS)/PTO-1449 <input checked="" type="checkbox"/> Copies of IDS Citations 13. <input type="checkbox"/> Preliminary Amendment 14. <input checked="" type="checkbox"/> Return Receipt Postcard (MPEP 503) (Should be specifically itemized) 15. <input type="checkbox"/> Certified Copy of Priority Document(s) (If foreign priority is claimed) 16. <input type="checkbox"/> Nonpublication Request under 35 U.S.C. 122 (b)(2)(B)(i). Applicant must attach form PTO/SB/35 or its equivalent. 17. <input type="checkbox"/> Other: Check for \$740.00				
18. If a CONTINUING APPLICATION, check appropriate box, and supply the requisite information below and in a preliminary amendment, or in an Application Data Sheet under 37 CFR 1.76: <input type="checkbox"/> Continuation <input type="checkbox"/> Divisional <input type="checkbox"/> Continuation-in-part (CIP) of prior application No. ____/_____ Prior application information: Examiner _____ Group Art Unit: _____ For CONTINUATION OR DIVISIONAL APPS only: The entire disclosure of the prior application, from which an oath or declaration is supplied under Box 5b, is considered a part of the disclosure of the accompanying continuation or divisional application and is hereby incorporated by reference. The incorporation <u>can only</u> be relied upon when a portion has been inadvertently omitted from the submitted application parts.									
19. CORRESPONDENCE ADDRESS <input checked="" type="checkbox"/> Customer Number or Bar Code Label (Insert Customer Number or Bar Code Label here) or <input type="checkbox"/> Correspondence address below									
Name	COBRIN & GITES								
Address	750 Lexington Avenue, 21 Floor 26784								
City	New York	State	NEW YORK	Zip Code	10022				
Country	U.S.A.	Telephone	(212) 486-4000	Fax	(212) 486-4007				
Name (Print/Type)	Peter T. Cobrin	Registration No. (Attorney/Agent)	24,117						
Signature			Date	January 4, 2002					

Burden Hour Statement: This form is estimated to take 0.2 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Box Patent Application, Washington, DC 20231.

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01/04/02

FEE TRANSMITTAL for FY 2002

Patent fees are subject to annual revision.

<h2 style="margin: 0;">FEE TRANSMITTAL for FY 2002</h2> <p style="margin: 5px 0;"><i>Patent fees are subject to annual revision.</i></p>						Complete if Known							
						Application Number			Not Yet Assigned				
						Filing Date			Concurrently Herewith				
						First Named Inventor			Johnny JENG, et al.				
						Examiner Name			Not Yet Assigned				
Group/Art Unit			Not Yet Assigned										
TOTAL AMOUNT OF PAYMENT				(\$ 740.00)		Attorney Docket No.		ATI-3.2.034/4175					
METHOD OF PAYMENT (check one)						FEE CALCULATION (continued)							
1. <input checked="" type="checkbox"/> The Commissioner is hereby authorized to charge indicated fees and credit any overpayments to Deposit Account Number [03-2317] Deposit Account Name [COBRIN & GITTES] <input checked="" type="checkbox"/> Charge any additional fee required under 37 CFR 1.16 and 1.17 <input type="checkbox"/> Applicant claims small entity status See 37 CFR 1.27						3. ADDITIONAL FEES							
						Large Entity		Small Entity					
						Code	(\$)	Code	(\$)	Fee Description		Fee Paid	
105	130	205	65	Surcharge - Late filing fee or oath									
127	50	227	25	Surcharge - late provisional filing fee or cover sheet									
139	130	139	130	Non-English specification									
147	2,520	147	2,520	Request for Reexamination									
112	920*	112	920*	Req publication of SIR prior to Examiner action									
113	1,840	113	1,840	Requesting publication of SIR after Examiner action									
115	110	215	55	Extension within first month									
116	400	216	200	Extension within second month									
117	920	217	460	Extension within third month									
118	1,440	218	720	Extension within fourth month									
128	1,960	228	980	Extension within fifth month									
119	320	219	160	Notice of Appeal									
120	320	220	160	Brief in support of an appeal									
121	280	221	140	Request for oral hearing									
138	1,510	138	1,510	Petition to institute a public use proceeding									
140	110	240	55	Petition to revive - unavoidable									
141	1,280	241	640	Petition to revive - unintentional									
142	1,280	241	640	Utility issue fee (or reissue)									
143	460	243	230	Design issue fee									
144	620	244	310	Plant issue fee									
122	130	122	130	Petitions to the Commissioner									
123	50	123	50	Petitions related to provisional applications									
126	180	126	180	Submit Info Disclosure Stmt									
581	40	581	40	Patent Assignment per property		\$0							
146	740	246	370	Filing a submission after final rejection (37 CFR 1.129(a))									
149	740	249	370	For each additional invention to be examined (37 CFR 1.129(b))									
179	740	279	370	Request for Continued Examination (RCE)									
169	900	169	900	Request for expedited examination of a design appln									
SUBTOTAL (1)				\$ 740									
2. EXTRA CLAIM FEES													
		Extra Claim		Fee below		Fee Paid							
Total Claims	4	-20 =	0	x	0	\$ 0							
Indep. Claims	3	-3 =	0	x	0	\$ 0							
Multiple Dependent													
** or number previously paid, if greater; for reissues, see below													
Large Entity		Small Entity											
Code	(\$)	Code	(\$)	Fee Description									
103	18	203	9	Claims in excess of 20									
102	84	202	42	Independent claims in excess of 3									
104	280	204	140	Multiple dependent claim, if not paid									
109	84	209	42	**Reissue independent claims over original patent									
110	18	210	9	**Reissue claims in excess of 20 and over original patent									
SUBTOTAL (2)				(\$0)									
**or number previously paid, if greater; For Reissues, see above						*Reduced by Basic filing fee Paid							
						SUBTOTAL (3)							
						\$0							
SUBMITTED BY						Complete (if applicable)							
Name (Print Type)		Peter T. Cobrin		Registration Number		24,117		Telephone (212) 486-4000					
Signature				Date		January 4, 2002							

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Applicant: Johnny Jeng, et al.
Filed: Concurrently herewith
Appn No: to be assigned
Title: **TOOTHBRUSH WITH OPPOSITELY
RECIPROCATING BRUSH HEADS**

Docket: ATI-3.2.034/4175

Enclosures: 1. Utility Patent Application Transmittal Form
2. Utility Patent Application (9 pages)
3. Two (2) Sheets of Drawings (Figs. 1-2)
4. Information Disclosure Statement (Form PTO-1449 w/o cited References)
5. Declaration for a Utility Patent (unexecuted)
6. Certificate of Express Mail Under 37 CFR 1.10
7. Fee Transmittal Form (duplicate)
8. Check: \$740.00

CERTIFICATE OF EXPRESS MAIL UNDER 37 CFR 1.10

The undersigned hereby certifies that the foregoing documents are being deposited with the United States Postal Service as Express Mail, postage prepaid, in an envelope addressed to Assistant Commissioner for Patents, Box Patent Application- Fee, P.O. Box 2327, Arlington, VA 22202 on this date of **January 4, 2002**.

Signature: Lupe Serrano
Typed Name: Lupe Serrano

EL 781391060 US
Express Mail Label Number

January 4, 2002
Date of Deposit